

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business for not to extend beyond the hour of 10:30 a.m. with Senators permitted to speak therein for up to 10 minutes each. Under the previous order, the first half of the time shall be under the control of the majority leader or his designee. Under the previous order, the time until 10:30 a.m. shall be under the control of the Republican leader or his designee, with the first 15 minutes of this time to be under the control of the Senator from Pennsylvania, Mr. SPECTER.

The Senator from Florida.

PRESCRIPTION DRUGS

Mr. GRAHAM. Mr. President, since its creation in 1965, the Medicare Program has helped millions of the Nation's elderly and disabled when they were in desperate need, after they had become sick enough to require a physician's assistance or hospitalization. Thirty-seven years after its creation, it is time for change.

A prescription drug benefit is the most fundamental reform we can make to the Medicare Program. Why? If we want to truly reform Medicare, we must change its basic approach from one that is oriented toward intervention after sickness to one that focuses on maintaining wellness and the highest quality of life. This prevention approach will require in almost every instance a significant use of prescription drugs.

An example of how the use of prescription drugs has changed medicine was made by Dr. Howard Forman, a congressional fellow in my office, who is a doctor and professor at the Yale Medical School. Dr. Forman remarked to me that none of his students had ever seen ulcer surgery. Why? Because we now give patients prescription drugs to care for this ailment which previously was dealt with through surgery. This is just one of many examples of where modern medicine has fundamentally been altered by prescription drugs; notably, by improving the quality of people's lives, ending the need for many surgeries and long recovery periods.

A side benefit of this change would be that the cost to the Medicare Program could be lowered by utilizing these expensive but less expensive prescription procedures as opposed to traditional surgery.

The prescription drug legislation I am sponsoring, with my friends, Senator ZELL MILLER of Georgia and Senator TED KENNEDY of Massachusetts, would improve the Medicare Program

and give seniors a real, a meaningful, a sustainable drug benefit. With a \$25 monthly premium, no deductible, and a simple copayment of \$10 for generic drugs, \$40 for medically necessary, standard brand name drugs, and \$60 for other brand name drugs, and a maximum of \$4,000 in out-of-pocket expenses, our plan would give seniors the universal, affordable, accessible, and comprehensive drug coverage which they want and need.

Our plan would help 80-year-old Freda Moss of Tampa, FL. She has no prescription drug coverage. Today, she pays nearly \$8,000 a year for the drugs she needs to keep her healthy. This does not include a new prescription for Actos, an oral diabetes drug that costs \$143.68 every month. Freda has not had this prescription filled because it is so expensive.

Under the Graham-Miller-Kennedy plan, she would pay just over \$2,900—saving \$5,100 each year. Under the House Republican plan, Freda's drug costs would be at least \$4,220 a year. Why would the House plan cost Freda \$1,320 more per year?

There are many reasons, including a higher monthly premium and a \$250 deductible. But the single biggest reason is the "donut."

What is the donut, Mr. President? We are all familiar with donuts. They are round; they taste good; often, they have powdered sugar on them; they are tasty at the edges. But when you get into the middle, there is nothing there. That describes the benefit structure of the House Republican plan.

Let's look at how this plan would have affected Freda and her husband, Coleman. After having paid a \$250 annual deductible, Freda and her husband would pay 20 percent of the cost of each specific prescription up to \$1,000. From \$1,001 to \$2,000, she would pay 50 percent of each prescription. And then she hits the hole in the donut. Freda is on her own until she reaches the catastrophic limit of \$4,900 in total drug costs.

While she is struggling through this hole in the middle of the donut, she would be responsible for continuing to pay her monthly premiums of about \$34, for which she would receive nothing, no benefit.

Mr. President, there is no comparable donut in private health care plans. The kind of plan which probably covered Freda and Coleman before she came on to Medicare did not have this approach; it has, as we do, continuous protection. One of the things our older citizens want is certainty and security. Our plan gives them that.

The House Republican plan converts them into guinea pigs, experimenting with untested health care policies and a "gotcha" of an unexpected hole in the middle of their benefit—a hole which runs from \$2,001 all the way to \$4,900 of expenditures. We are not going to make 39 million senior Americans into laboratory experiments.

Under our plan, Freda would pay no deductible, receiving coverage from her

first prescription. She would pay a simple copay for each prescription. There are no donut holes. Instead of gaps, we give American seniors a plan that mirrors the copay system that they had in their working lives.

Mr. President, as my colleague, Senator MILLER, says with such conviction and passion: This is the year for action, not just talk, on prescription drugs.

I don't want to go back to Tampa, FL, and tell Freda we had a very strong debate about this issue. I want to tell Freda she can start going to the drugstore and from her first prescription begin to get real assistance. We all will come to the floor this week, and in the following weeks, to remind our colleagues about the importance of passing a prescription drug benefit before the August recess, and to have that benefit in law before the end of this session of Congress.

The ACTING PRESIDENT pro tempore. The Senator from Georgia is recognized.

Mr. MILLER. Mr. President, I, too, rise to talk about prescription drugs and the struggle our seniors face every day.

Since April, I have been coming down to this Chamber on a regular basis to speak about the urgency of passing a prescription drug benefit before the August recess. I have spoken about how we have kept our seniors waiting in line for years and how we have bumped them time and time again to debate other issues—other important issues but other issues.

Our majority leader, Senator DASCHLE, has said we will bring up prescription drugs on the Senate floor before the August recess. I and many others are very grateful.

As of today, we now have three bills in Congress to add a prescription drug benefit to Medicare—two in the House and one in the Senate—the one I am a cosponsor of, along with Senator GRAHAM of Florida, Senator KENNEDY, Senator DASCHLE, and about 28 other Senators.

This issue is now where it should be; it is front and center. It has more momentum today than it has had in all the years we have been talking about it. Our seniors have finally reached the front of the line. Now it is time to get down to business and have a real debate on the details of these proposals.

Make no mistake about it, there are real differences among them. Let's debate those differences. If we can, let's find some common ground. And then let's get something passed because if we fail to do something now, if we just criticize each other's bills for the sake of criticizing, and dig in our heels and refuse to compromise and work something out, our seniors are never going to let us forget it come November.

After years of wandering in the wilderness, our seniors are now inside of the promised land. Both political parties have brought them there and have given them a glimpse. We cannot send them away to wander in the desert for